

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-025985**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>(Rural) Warsaw</u>		c. CITY OR TOWN <u>Warsaw</u>	
Length of stay in 1b <u>15 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 miles South</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>PURNA</u> Middle <u>HOWARD</u> Last <u>WRAY</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 28, 1911</u>
9. AGE (last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	
11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Purna F Wray</u>		13b. MOTHER'S MAIDEN NAME <u>Adella Cunningham</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Wray</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY FAILURE</u> DUE TO (b) <u>CEREBRAL HEMORRHAGE (OLD AND NEW)</u> DUE TO (c) <u>HYPERTENTION (CAUSE UNDETERMINED)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS.</u> <u>3 HRS.</u> <u>5 YRS.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>WARSAW, MO.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>FEB., 3, 1962</u> to <u>AUG., 7, 1962</u> last saw him alive on <u>AUG., 7, 1962</u> Death occurred at <u>6:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Guss Schaller DO</u> (Degree or title)		22b. ADDRESS <u>WARSAW, MO.</u>	
22c. DATE SIGNED <u>8-8-62</u>		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 9, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fairfield Benton Co., Mo</u>
24. FUNERAL DIRECTOR <u>John F. Reser</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 9, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Jae A. Logan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

6080

20080

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9331X

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NOV 2 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.